



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A HEALTHCARE SERVICE AGENCY

M. JODI RELL
GOVERNOR

THOMAS A. KIRK, JR., Ph.D.
COMMISSIONER

Testimony of Thomas A. Kirk, Jr., Ph.D., Commissioner Department of Mental Health and Addiction Services Before the Public Health Committee February 6, 2009

Good morning, Sen. Harris, Rep. Ritter, and distinguished members of the Public Health Committee. I am Dr. Thomas A. Kirk, Jr., Commissioner of the health care agency known as the Department of Mental Health and Addiction Services. I am here today to speak in favor of two bills — **H.B. 6262, An Act Concerning Regional Action Councils**, and **S.B. 754, An Act Concerning Technical Changes to the Statutes Regarding Persons with Psychiatric Disabilities and Substance Use Disorders**.

Allow me to begin my remarks by thanking the Committee for raising these bills and for giving us the opportunity to speak about some of the difficult decisions we have been forced to make as a result of the current fiscal crisis facing Connecticut.

Under H.B. 6262, DMHAS would reconfigure the sub-regional model for substance abuse planning through which we currently fund 14 Regional Action Councils to a 5-region model similar to that which we have used for over three decades for our mental health planning system. This reconfiguration would enable us to devote more of our limited resources to prevention and treatment planning efforts. At present, basic DMHAS funding supports approximately 1.5 positions per RAC. An independent survey of RAC Directors indicates that, in order for the RACs to meet DMHAS expectations fully, up to 3 positions per RAC would be ideal. Reducing the present configuration to 5 regional RACs with combined funds in each region would enable them to achieve that staffing level, with more efficient use of personnel “on the ground.”

Under the proposed reconfiguration, individual communities would continue to join forces with neighboring towns to work on specific substance abuse prevention and treatment planning activities, but such efforts would now be coordinated at the regional level. The regional model utilized by the agency’s mental health side has been proven effective over many years and is more responsive to the way the department is structured than is the current sub-regional configuration of the RACs. Our 5 Regional Mental Health Boards hold monthly sub-regional meetings with community representatives, and they do take on sub-regional projects. In that the RACs have successfully established volunteer coalitions in each sub-region, including treatment and prevention

committees, drug-free schools, recovery committees and local prevention councils (LPC), it is now possible to elevate them to the next level of community coalition building.

With regard to claims that this change would result in a loss of federal funding, some clarification is needed. While it is true that the RACs have successfully obtained federal funding totaling millions of dollars (particularly for Drug-Free Coalition programs), the assertion that reducing the 14 RACs to 5 regional entities will result in a loss of over \$1 million in such funding is incorrect. In fact, 4 of the current RACs do not have these federal grants. Four others are completing the final year of their awards and are no longer eligible to apply for additional funding through the drug-free coalition program, and a fifth RAC's award will end in 2010. That leaves only 5 RACs that may reapply annually to receive approximately \$100,000 each for 1-4 more years. However, it should be noted that continued funding is not "guaranteed." It is possible that federal dollars could be eliminated altogether for this program. The five remaining RACs that are eligible to apply for this funding are located in 4 of the current DMHAS regions and, therefore, could provide regional coverage. Thus, in point of fact, none of this grant money would be "lost" as a result of the proposed reconfiguration.

We understand that local communities have expressed concern that the reconfiguration could result in the loss of some of their current grants, like the federal Drug-Free Communities (DFC) Support Program grants which require matching funds (including in-kind matches) from non-federal sources of anywhere between 100-150%. However, let me be clear that there are many ways in which towns and groups can come together to apply for prevention funding. RACs could still apply for local grants. They certainly can continue to apply for DFC and other prevention dollars, as can any pre-existing community coalition, including any of the 130 Local Prevention Councils serving all the cities and towns across the state or any of the 28 coalitions funded through the Strategic Prevention Framework (SPF). In addition, there are a number of formal and informal coalitions funded by other state agencies that may be eligible to apply for Drug-Free Communities Support Program funds.

Without question, we face many challenges in the prevention arena. Problem gambling increases as the economy weakens, and we are seeing a spike in heroin use among young adults who are shifting to heroin from more expensive prescription pain killers. We need more comprehensive planning in order to meet these new challenges and to be prepared for what is yet to come. Ensuring that available funds are used in the most cost effective manner possible requires that we rethink our way of doing things.

I understand that this is a complex issue, but there are many difficult choices the state will be facing over the next several years until the economy improves. This change will allow us to conserve funding for prevention and treatment planning in support of services to the growing population of Connecticut residents who need them, while reducing administrative overhead. We would be happy to work with the Regional Action Councils to achieve consensus on how best to transition to this model.

S.B. 754 makes a number of technical changes to our statutes. It would eliminate duplicative traffic regulation statutes, replace some offensive terminology to make the statutes more

respectful of the people we serve, and eliminate a regulatory requirement for a statute that has been in existence for years but has never been invoked.

Thank you for the opportunity to address the Committee on these two bills. I would be happy to answer any questions you may have at this time.

Department of Mental Health and Addiction Services
SFY09 Funding Levels for Regional Mental Health Boards
As of January 15, 2009

Regional Mental Health Board (RMHB)	Towns Served by RMHB	RMHB Business Address	SFY09 606/16053	SFY09 822/20661	SFY09 TOTAL
Southwestern Regional Mental Health Board	Darien, Greenwich, New Canaan, Stamford, Norwalk, Weston, Westport, Wilton, Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull.	1 Park Street, Norwalk CT 06851	\$95,715	\$9,784	\$105,499
	Ansonia, Derby, Oxford, Seymour, Shelton, Milford, Orange, West Haven, Bethany, Hamden, New Haven, Woodbridge, Branford, East Haven, Guilford, Madison, North Branford, North Haven, Meriden, Wallingford, Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Lyme, Middletown, Middletown, Old Lyme, Old Saybrook, Portland, and Westbrook	P.O. Box 351, Middletown, CT 06457	\$95,715	\$9,784	\$105,499
Region II Regional Mental Health Board	East Lyme, Groton, Ledyard, Montville, New London, North Stonington, Stonington, Waterford, Bozrah, Colchester, Franklin, Griswold, Lisbon, Norwich, Preston, Salem, Sprague, Voluntown, Ashford, Chaplin, Columbia, Coventry, Hampton, Lebanon, Mansfield, Scotland, Storrs, Union, Willington, Windham, Brooklyn, Canterbury, Eastford, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, and Woodstock	401 West Thames Street, Campbell Building, Unit 105, Norwich, CT 06360	\$95,715	\$9,784	\$105,499
Eastern Regional Mental Health Board	Anston, Andover, Bolton, Buckland, Ellington, Hebron, Manchester, Rockville, South Windsor, Talcootville, Tolland, Vernon, Wapping, East Glastonbury, East Hartford, Glastonbury, Maple Hill, Marlborough, Newington, Rocky Hill, South Glastonbury, Wethersfield, Bloomfield, Broad Brook, East Granby, East Hartland, East Windsor, Enfield, Granby, Hazardville, Melrose, North Granby, Poquonock, Scitico, Somers, Somersville, Stafford, Stafford Springs, Staffordville, Suffield, Thompsonville, Warehouse Point, West Granby, West Suffield, Wilson, Windsor, Windsor Locks, Windsorville, Avon, Canton, Canton Center, Collinsville, Elmwood, Farmington, Hartford, Simsbury, Torrville, Unionville, Weatogue, West Hartford, West Simsbury, Berlin, Bristol, Burlington, East Berlin, Kensington, Marion, Middale, New Britain, Pequabuck, Plainville, Plantsville, Plymouth, Southington and Terryville	367 Russell Road, Bldg. 34, Newington, CT 06111 367 Russell Road, Bldg. 34, Newington, CT 06111	\$95,715 \$70,428	\$9,784 \$0	\$105,499 \$70,428
North Central Regional Mental Health Board	See above				
North Central Regional Mental Health Board					
Northwestern Regional Mental Health Board	Beacon Falls, Bethlehem, Cheshire, Middlebury, Naugatuck, Oakville, Oxford, Prospect, South Britain, Southbury, Thomaston, Union City, Waterbury, Watertown, Waterville, Wolcott, Woodbury, Bethel, Botsford, Bridgewater, Brookfield, Brookfield Center, Danbury, Gaylordsville, Hawleyville, New Fairfield, New Milford, Newtown, Redding, Redding Center, Redding Ridge, Ridgefield, Roxbury, Sandy Hook, Sherman, West Redding, Bantam, Barkhamsted, Canaan, Colebrook, Cornwall, Cornwall Bridge, Falls Village, Goshen, Hartland, Harwinton, Kent, Lakeside, Lakeville, Limerock, Litchfield, Marble Dale, Morris, New Hartford, New Preston, Norfolk, North Canaan, North Kent, Northfield, Pine Meadow, Pleasant Valley, Riverton, Salisbury, Sharon, South Kent, Taconic, Torrington, Warren, Washington, Washington Depot, West Cornwall, West Goshen, Winchester, Winchester Center, Winsted	969 West Main Street, Suite 1B, Waterbury, CT 06708	\$95,715	\$9,784	\$105,499
			\$549,002	\$48,920	\$597,922

RAC FUNDING AMOUNTS SFY09

		FUNDING SOURCE/SID								
RAC	Region	Fiduciary	ADMIN	ADMIN	ADMIN	ADMIN	ADMIN	CAPACITY	CAPACITY	Grand Total
			PAES Funds RAC Admin	Forfeiture Funds	SPF SIG	Enhanced NA	State	SAPT Block Grant - EPCs		
			363/35168	361/35148	21831	12215	601/16003	21782		
VSAAC		HEALTHWAYS, INC.	2	35,714	12,282	6,209	23,214	1,796	42,197	121,412
MCSAAC		BUSINESS INDUSTRY FOUNDATION OF MIDDLESEX COUNTY	2	35,714	15,123	11,000	23,214	5,496	124,710	215,257
CASAC		CAPITAL AREA SUBSTANCE ABUSE COUNCIL INC.	4	35,714	17,966	15,833	23,214	4,391	110,742	207,861
SERAC		SOUTHEAST REGIONAL ACTION COUNCIL	3	35,714	17,255	23,750	23,214	4,261	106,431	210,625
LFCRAC		TURNING POINTS OF CONNECTICUT [NOW LIBERATION] PROGRAMS, INC.	1	35,714	12,992	9,000	23,214	1,842	44,316	127,078
SCCRAC		THE CONNECTICUT CHILDREN & FAMILY CENTER, INC. []	2	35,714	14,718	15,208	23,214	3,487	91,062	183,403
ERASE		EAST OF THE RIVER ACTION FOR SUBSTANCE ABUSE ELIMINATION	4	35,714	16,544	15,833	23,214	4,233	104,898	200,437
CNVRAC		FAMILY INTERVENTION CENTER, INC. [CNVRAC]	5	35,714	15,123	18,750	23,214	3,351	82,124	178,276
HVCASA		HOUSATONIC VALLEY COALITION AGAINST SUBSTANCE ABUSE, INC.	5	35,714	15,123	18,750	23,214	3,739	96,724	193,264
MFSAC		HUMAN SERVICES COUNCIL OF MID-FAIRFIELD [MFSAC]	1	35,714	12,282	9,000	23,214	1,833	43,177	125,220
MAWSAC		MERIDEN AND WALLINGFORD SUBSTANCE ABUSE COUNCIL	2	35,714	12,282	5,083	23,214	1,612	36,471	114,376
NECASA		NORTHEAST COMMUNITIES AGAINST SUBSTANCE ABUSE	3	35,714	16,544	23,750	23,214	4,035	99,711	202,968
RYASAP		REGIONAL YOUTH ADULT SUBSTANCE ABUSE PROGRAM	1	35,714	14,413	12,000	23,214	2,238	56,291	143,870
SAAC		SUBSTANCE ABUSE ACTION COUNCIL OF CENTRAL CONNECTICUT, INC.	4	35,714	13,703	15,833	23,214	3,389	84,915	176,769
		TOTAL		499,996	206,350	200,000	325,000	45,703	1,123,769	2,400,818

